

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

244052

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2013 - 177 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Sarah Wilson-OKK

Telephone: 912-335-7276

Address: 2015 Tuskegee Street

Fax: 912-335-7278

Savannah, GA

Other: 912 484-0322

31405

Email: jackscharters.comcast.net

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

☐ Application - Class A/A Restricted☐ Request for Name Change on Certificate☐ Application - Class C Taxi☐ Request to Amend Scope of Authority☐ Application - Class C Charter☐ Request to Amend Tariff (rate increase, etc.)☒ Application - Class C Charter Bus

RECEIVED

☐ Request to Amend Passenger Limit☐ Application - Class C Non-Emergency

MAY 09 2013

☐ Request☐ Application - Class C Stretcher Van☐ Exhibit☐ Application - Class E Household GoodsPSC SC
MAIL / DMS☐ Late-Filed Exhibit☐ Application - Class E Hazardous Waste☐ Letter☒ Application☐ Proposed Order☐ Request for Extension to Comply with Order☐ Publisher's Affidavit☒ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded☐ Reservation Letter☐ Request for Cancellation of Certificate☐ Response☐ Request for Suspension☐ Return to Petition☐ Request for Reinstatement☐ Other: _____

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CLASS C CHARTER BUS CERTIFICATE

RECEIVED

Date:

5/8/13

CLASS C - CHARTER BUS

MAY 09 2013

PSC SC
MAIL / DMS

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Sarah Wilson-ORR DPA - J+S charter services

2015 Tuskegee Street

Street Address of Applicant

Savannah, GA 31405

Mailing Address of Applicant (if different from street address)

912-335-7276

Phone

912-335-7278

Fax

jandscharter@comcast.net

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

DESCRIPTION OF EQUIPMENT

[illegible]

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE**

The following insurance quote is for:

J&S Charter Services, LLC

Name of Applicant

2015 Tuskegee St., Savannah, GA 31405

Address of Applicant

Amount of Premium:**Limits Quoted: (See Below)**

Liability Insurance \$ 9,668.00

Limits 5,000,000

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

16 or More Passengers* \$ 25,000/300,000/25,000

* Passengers - Number of seatbelts in the vehicle, including the driver's seatbelt

Lancer Lancer Insurance Company

Name of Insurance Company

370 W. Park Ave., Long Beach, NY 11561-9004

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

05/08/13

Date

Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

Exhibit Fit, Willing, and Able (FWA)

J+S Charter Services, LLC

Name of Applicant

2342221

U.S.D.O.T No.

813156

ICC No.

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

☐ Yes ☒ No ☐ Pending (Submit when received.)

If Yes, indicate rating below and provide copy.

☐ Satisfactory ☐ Conditional ☐ Unsatisfactory

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

☐ Yes ☒ No

3. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

4. Is Applicant familiar with all insurance regulations and safety regulations governing charter bus carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these regulations?

☒ Yes ☒ No - not familiar with all regulations
Yes - agree to operate in compliance with regulations

5. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☐ Yes ☒ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and promises compliance therewith.

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements made in the above application are true and correct.

Paul W. S. [Signature]
Applicant's Signature

Owner
Title of Applicant (e.g. President)

Georgia
STATE OF SOUTH CAROLINA)
Chatham
COUNTY OF)

SWORN TO BEFORE ME

This *8th* day of *May*, 20*13*

Patricia Hawkins
Notary Public

PATRICIA HAWKINS
NOTARY PUBLIC
CHATHAM COUNTY
STATE OF GEORGIA

Commission Expires

My Commission Expires March 28, 2015

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

KS

The Applicant for the Certificate as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.



Applicant's Signature



Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF _____)

SWORN TO BEFORE ME

This _____ day of _____, 20____

Notary Public

Commission Expires _____

Detach, complete and remit AFTER your safety audit has been performed by State Transport

Sarah Wilson-OK DPA - J+S Chatham

Applicant's Name

Safety Certification

If your operations are subject to Safety Fitness Procedures of the Federal Motor Carrier Safety Regulations (49 CFR Parts 100-199), even if you have not yet received a Safety Fitness Rating, you must certify as follows:

Applicant has access to and is familiar with all applicable U.S.D.O.T. regulations relating to the operation of commercial vehicles. In so certifying, applicant is verifying that, as a minimum, it:

1. Has in place a system and an individual responsible for ensuring overall compliance with the FMCSRs and the HM regulations;
2. Can produce a copy of the FMCSR and the HM regulations;
3. Has in place a driver safety/orientation program;
4. Is familiar with the FMCSR governing driver qualifications and has in place a system for overseeing driver qualification requirements in accordance with 49 CFR Part 391.51C;
5. Has in place policies and procedures consistent with FMCSR governing driving and operation of commercial motor vehicles, including drivers' hours of service and vehicle inspection, repair and maintenance (49 CFR Parts 392, 395 and 396);
6. Is in compliance with the Controlled Substance and Alcohol Use and Testing as stated in FMCSR (49 CFR Part 40, 382, if applicable).

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☒ Yes

☐ Not Applicable

Exempt Applicants - If you will operate only small vehicles (GVWR of 10,000 pounds or less) and do not transport hazardous materials in a quantity to require placarding under the HM regulations and are thus exempt from the FMCSR and HM regulation, you must certify as follows:

Applicant is familiar with and will observe FMCSR general operational safety fitness guidelines.

PLEASE CHECK THE APPROPRIATE RESPONSE BELOW:

☐ Yes

☒ Not Applicable

Any applicant who certifies they are in compliance with FMCSR and/or the HM regulations and upon completion of a compliance review audit, is found not to be in compliance, may have its certificate revoked.

Sarah Wilson-OK, verify under penalty of perjury under the laws of the State of South Carolina, that all information supplied on this form or relating to this application is true and correct. Further, I certify that I am qualified and authorized to file this application. I know that willful misstatements or omissions of material fact constitute criminal violations punishable by imprisonment and fines as prescribed by law. (Note: This oath embraces all schedules and supplemental filings to this application).

SWORN TO BEFORE ME
this 8th day of May, 2013

Patricia Hawkins
Notary Public
PATRICIA HAWKINS
NOTARY PUBLIC
CHATHAM COUNTY
STATE OF GEORGIA
My Commission Expires March 23, 2015

Sarah Wilson-OK
Applicant's Signature



Colonel Mark McDonough
Commissioner

Lt. Colonel Russell Powell
Deputy Commissioner

Department of Public Safety
MCCD, Regulations Compliance Section
959 East Confederate Ave
Atlanta, Georgia 30316
Phone: (404) 624-7244
Fax: (404) 624-7246

Major Gene Davis
MCCD Commander

April 30, 2013

Ms. Sarah Wilson-Orr
J & S Charter Services, LLC
2015 Tuskegee Street
Savannah, GA 31405

RE: Information Request & Training Schedule

Dear Carrier:

The Georgia Department of Public Safety (hereinafter referred to as the Department) is in receipt of your application for a Passenger Permit your MCA number is 50288. Before we will be in a position to issue a permit, it will be necessary for you to furnish the Department with the following:

- ☒ 1. Certificate of Incorporation
- ☒ 2. Articles of Incorporation
- ☒ 3. Annual Inspection Report
- ☒ 4. Form "E", in triplicate, of Public Liability and Property Damage Insurance. Form must be mailed, emailed or faxed to the DPS by insurance company.
- ☒ 5. Attend a training class on the laws of Georgia and the rules and regulations of the Commission.
- ☒ 6. Certified copy of Background criminal history record check
- ☒ 7. Provide proof of Net Worth of \$50,000.00
- ☒ 8. Vehicle inspection by a DPS officer

When you meet the above requirement(s), this Department will issue you a Motor Carrier of Passenger Permit authorizing operations within the State. Until you qualify with this Department, and receive your permit, you cannot operate in Georgia, and any unauthorized operations will be subject to legal penalties as provided for by law.

We appreciate your prompt attention in this matter.

REPLY TO:

Georgia Department of Public Safety
MCCD, Regulations Compliance Section
959 East Confederate Ave
Atlanta, GA 30316
Phone Number: 404-624-7244
Fax Number: (404) 624-7246

www.dps.georgia.gov

County: Chatham

The name and address of each organizer(s) are:

Sarah Ann Wilson-Orr
2015 Tuskegee Street
Savannah, GA 31405

The optional provisions are:

Control No. 12037754

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Drive
Atlanta, Georgia 30334-1530

CERTIFICATE OF ORGANIZATION

I, **Brian P. Kemp**, the Secretary of State and the Corporations Commissioner of the State of Georgia, hereby certify under the seal of my office that

J & S CHARTER SERVICES LLC

a Domestic Limited Liability Company

has been duly organized under the laws of the State of Georgia on **05/01/2012** by the filing of articles of organization in the Office of the Secretary of State and by the paying of fees as provided by Title 14 of the Official Code of Georgia Annotated.

WITNESS my hand and official seal in the City of Atlanta
and the State of Georgia on May 1, 2012



B. P. Kemp

Brian P. Kemp
Secretary of State

May 01, 2012

**ARTICLES OF ORGANIZATION
FOR GEORGIA LIMITED LIABILITY COMPANY**

The name of the Limited Liability Company is:

J & S Charter Services LLC

The principal mailing address of the Limited Liability Company is:

2015 Tuskegee Street
Savannah, GA 31405

The Registered Agent is:

Sarah Ann Wilson-Orr
2015 Tuskegee Street
Savannah, GA 31405

County: Chatham

The name and address of each organizer(s) are:

Sarah Ann Wilson-Orr
2015 Tuskegee Street
Savannah, GA 31405

The optional provisions are:

No optional provisions.

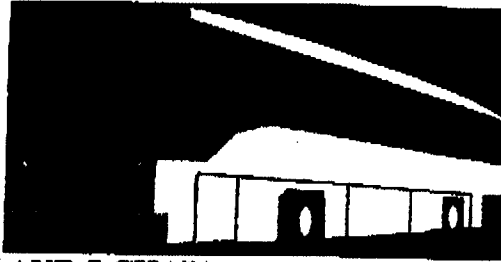
IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on the date set forth below.

Signature(s):

Organizer, Sarah Ann Wilson-Orr

Date:

May 01, 2012



J AND S CHARTER SERVICES, LLC
2015 TUSKEGEE STREET
SAVANNAH, GEORGIA 31405
912-335-7276 (OFFICE)
912-335-7278 (FAX)

FAX

To: Rebekah Serrin Commission From: Sarah Orr
Clarke Office J & S Charter
Services
Fax: (803) 896-5199 Date: 5-7-13

Phone:

Time:

2:52pm

Re:

Pages:

13 to cover page

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

cc: Questions please call (912) 484-0322
or Office #

Comments:

I am sending in application
has not been notarized just want
to start application process
will get it notarized and re-faxed